

www.mass.gov/abcc

LICENSE NUMBER: 06	9000007		Cl	ITY OR TOW	N MENDON	
APPLICATION FOR RE	ENEWAL:	Annı	ıal	LICE	NSED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME: NI	EW ENGLAND	STEAK HOU	SE, INC.			
DOING BUSINESS A	NEW ENGLAND	STEAK & S	EAFOOD			
ADDRESS UXBRIDGE	RD. RTE.16					
CITY/TOWN: MENDO	ON	STATE:	MA	ZIP CODE:	01756	
MANAGER: QUIRK,	JOHN E. TYP	PE OF LICEN	SE:Restau	ırant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR WI	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF LICE						
FIRST FLOOR APPROX KITCHEN, SHED, AND ROOM, 5000 SQ. FT.						
I hereby certify and swea	r under penalties	of perjury tha	ıt:			
1. the renewed li	icense will be of	the same type	for the sar	ne premises no	w licensed;	
2. the licensee ha	•			_	g to taxes; and	
3. the premises a	are now open for	business (If n	ot explain	below)		
SIGNED BY In	dividual, Partner	or Authorized	l Corporat	e Officer		
	,		•			
DATE:	TELEPHON	E NUMBER:		EMPLOY	ER IDENTIFICAT	TION NUMBER:
				(Note: NOT	Individual Social S	Security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building ins	spector and t	he head of	the fire depar	rtment for the	above
Please Check Below:]	LOCAL LICEN	NSING AUTH	ORITY
APPROVED:]	Ву:		
DISAPPROVED: (If disapproved explain)						
(11 disappioved expidin)						
DATE:						



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LICENSE NUMBER: 0	69000008		CITY OR TOWN	1 MENDON	
APPLICATION FOR R	ENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: F DOING BUSINESS A ADDRESS UXBRIDG	MYRIAD BALLRO				
		STATE: MA	ZIP CODE:	01756	
CITY/TOWN: MEND				01756	
MANAGER: ROULE	EAU, JON E. TYPE	OF LICENSE:	Restaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LIC	CENCED DDEMICE		R EMAIL ADDRESS		
BALLROOM LOCATE CORNER OF BLDG F. PARKING LOT.	ED AT LAKEVIEW	PARK IN MEN			
I hereby certify and swe	ear under penalties o	f perjury that:			
2. the licensee		ll laws of the Cor	he same premises now mmonwealth relating plain below)		
SIGNED BY	Individual, Partner o	r Authorized Cor	porate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building insp	ector and the he	ad of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain			LOCAL LICEN By:	ISING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 069000010		CITY OR TOWN	MENDON	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: DAVENPORT BE	VERAGE CORP.			
DOING BUSINESS	S A POP N' KORK				
ADDRESS 1 A CA	PE ROAD				
CITY/TOWN: ME	ENDON	STATE: MA	ZIP CODE:	01756	
MANAGER: EVI D. I	ERETT, PAUL TYI II	PE OF LICENSE: Pa	ackage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:			
	G. ONE ROOM WIT RONT AND ONE IN			MS, TWO	
3. the prem	ises are now open for Individual, Partner	business (If not exp			
	11101 / 100011, 1 01 01101	0111441011200 001			
DATE:	TELEPHON	IE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		CION NUMBER:
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved exp	lain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 069000012		CITY OR TOWN	MENDON
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	LABH INC.			
DOING BUSINESS	A MENDON WINE &	SPIRITS		
ADDRESS 32A HA	STINGS STREET			
CITY/TOWN: ME	NDON	STATE: MA	ZIP CODE:	01756
MANAGER: PAT	EL,RAMABHA TYPE (OF LICENSE: P	ackage Store C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISES	:		
SALES ROOM, RE	NG OCCUPYING 1ST FI AR STORAGE ROOM & NTRANCE FOR DELIVI	NE OFFICE		
I hereby certify and	swear under penalties of	perjury that:		
1. the renew	ved license will be of the	same type for th	e same premises now	licensed;
2. the licens	see has complied with all	laws of the Con	nmonwealth relating	to taxes; and
3. the premi	ises are now open for bus	iness (If not exp	lain below)	
SIGNED BY				
	Individual, Partner or	Authorized Corp	oorate Officer	
D. 4 575				
DATE:	TELEPHONE N	UMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT III	dividual Social Security Number)
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	aın)			
DATE:				



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LICENSE NUMBE	R: 069000016		CITY OR T	OWN	MENDON	
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME	: ROY VENTURES	S CORPORATION				
DOING BUSINESS	S A THE END ZON	E SPORTS PUB; T	HE OUTER LI	MITS		
ADDRESS 39 MIL	FORD STREET					
CITY/TOWN: ME	ENDON	STATE: MA	A ZIP CO	DE:	01756	
MANAGER: VAZ	Z, ROY TY	PE OF LICENSE:	Restaurant	C.	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOU!	R EMAIL ADDRESS			
	LICENSED PREMI					
CONSISTING OF I	FOUR ROOMS,ONE REA	E DINING ROOM,	ONE BAR AR	EA,ON	E KITCHEN	I AND
I hereby certify and	swear under penaltie	s of perjury that:				
1. the renev	wed license will be of	the same type for t	the same premis	ses now	licensed;	
2. the licen	see has complied with	h all laws of the Co	mmonwealth re	lating t	o taxes; and	
3. the prem	ises are now open for	r business (If not ex	xplain below)			
SIGNED BY	Individual Portno	er or Authorized Co	rnorata Officar			
	marviduai, r arme	1 of Authorized Co.	iporate Officer			
DATE:	TELEDIJON		EM	DI OVEI	2 IDENTIFICAT	TION NUMBER:
	TELEPHOR	NE NUMBER:				Security Number)
				_		201.0.7
	ed, attest that we are ed by the building in					
	(2) the certificate o					
Please Check Below:			LOCAL I	LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	iain)					
			-			
DATE:						
APPLICATION FOR RENE	EWAL MUST BE FILED BY	LICENSEES DURING TH	E MONTH OF NOVE	MBER (N	I.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069000017	C	CITY OR TOWN MENDON	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: ALICANTE, LLC	C.		
DOING BUSINESS A ALICANTE MI	EDITERRANEAN GRIL	L	
ADDRESS 84 UXBRIDGE ROAD			
CITY/TOWN: MENDON	STATE: MA	ZIP CODE: 01756	
MANAGER: ALVES, JOE M. T	YPE OF LICENSE: Resta	urant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMAI	IL ADDRESS	_
WOOD FRAME BLDG. WITH A DIN FUNCTION ROOM IN CELLAR & ST KITCHEN & TAKE OUT AREA. 10'X ROOM LOCATED IN THE REAR OF	TORAGE AREA. ENTRA 29' WOODEN DECK A	ANCES IN FRONT, LOUNGE TTACHED TO THE MAIN D	£,
1. the renewed license will be considered with the licensee has complied with the premises are now open for the licensee. 1. the renewed license will be considered with the licensee has complied with the premises are now open for the licensee.	of the same type for the sa th all laws of the Commo	nwealth relating to taxes; and	
SIGNED BY Individual, Partn	er or Authorized Corpora	ate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICAT	
		(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that we at Acts of 2004, signed by the building i named license and (2) the certificate of 2010.	nspector and the head o	of the fire department for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORS:	ORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069000	018	CITY OR TOWN MENI	OON
APPLICATION FOR RENEW	VAL: Annual	LICENSED FO	R 2013
	CLASS		YEAR
LICENSEE NAME: BARRY	Y PHANEUF		
DOING BUSINESS A BARR	Y'S PLACE		
ADDRESS 35 HASTINGS ST	FREET		
CITY/TOWN: MENDON	STATE: MA	ZIP CODE: 01756	5
MANAGER:	TYPE OF LICENSE: Re	staurant CATEGO	RY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSE			
	GE, ALL ON THE FIRST FLO S A FRONT DOOR FOR ENTR		
3. the premises are no SIGNED BY	mplied with all laws of the Common ow open for business (If not explorate the common open for explorate the common open for business (If not explorate the common open for explorate t	ain below)	anu
DATE:	ELEPHONE NUMBER:	EMPLOYER IDENTIF	FICATION NUMBER:
		(Note: NOT Individual So	cial Security Number)
Acts of 2004, signed by the b	that we are in possession (1) the building inspector and the head rtificate of liquor liability insu	d of the fire department for	the above
Please Check Below:		LOCAL LICENSING AU	JTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 069000019		CITY OR TOWN	MENDON
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS	NLCK, INC. A LOWELL'S REST	ΓAURANT		
ADDRESS 75 CAPI	E ROAD			
CITY/TOWN: ME	NDON	STATE: MA	ZIP CODE:	01756
	TSIANAS, TYP KOLAOS	PE OF LICENSE: Res	staurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE		MAIL ADDRESS	
	LICENSED PREMIS			
	RESTAURANT SITU		OUND FLOOR	
	swear under penalties wed license will be of t		same premises now	licensed:
	see has complied with		_	
	ises are now open for		_	,
CICNED DV				
SIGNED BY				
SIGNED DI	Individual, Partner	or Authorized Corpo	orate Officer	
SIGNED B I	Individual, Partner	or Authorized Corpo	orate Officer	
	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	Individual, Partner TELEPHON		EMPLOYER	R IDENTIFICATION NUMBER:
			EMPLOYER	R IDENTIFICATION NUMBER: lividual Social Security Number)
DATE: We the undersigne Acts of 2004, signe	TELEPHONE ed, attest that we are d by the building ins	E NUMBER: in possession (1) the spector and the head	EMPLOYER (Note: <u>NOT</u> Inc e certificate require to f the fire depart	lividual Social Security Number) ed by Chapter 304 of the
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below:	TELEPHONE ed, attest that we are d by the building ins	E NUMBER: in possession (1) the spector and the head	EMPLOYER (Note: <u>NOT</u> Inc e certificate require I of the fire departs rance required by	ed by Chapter 304 of the ment for the above
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	TELEPHONE ed, attest that we are d by the building ins	E NUMBER: in possession (1) the spector and the head	EMPLOYER (Note: <u>NOT</u> Inc e certificate require I of the fire departs rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE ed, attest that we are d by the building ins (2) the certificate of	E NUMBER: in possession (1) the spector and the head	EMPLOYER (Note: NOT Inc.) e certificate required of the fire department of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	TELEPHONE ed, attest that we are d by the building ins (2) the certificate of	E NUMBER: in possession (1) the spector and the head	EMPLOYER (Note: NOT Inc.) e certificate required of the fire department of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE ed, attest that we are d by the building ins (2) the certificate of	E NUMBER: in possession (1) the spector and the head	EMPLOYER (Note: NOT Inc.) e certificate required of the fire department of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 069000025		CI	TY OR TOWN	MENDON	
APPLICATION I	FOR RENEWAL:	Annu	al	LICEN	SED FOR 20)13
		CLAS	SS			YEAR
DOING BUSINE	ME: KRISTIN'S VA					
ADDRESS 32 HA	ASTINGS STREET					
CITY/TOWN: N	MENDON	STATE:	MA	ZIP CODE:	01756	
	ADDAD, BRAHIM	ΓΥΡΕ OF LICEN	SE:Packag	ge Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:					
	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		-
DESCRIPTION (OF LICENSED PRE	MISES:				
CONSISTING O	F 4 ROOMS, ONE I	KITCHEN AND C	NE STOR	RE ROOM		
I hereby certify ar	nd swear under penal	ties of perjury tha	t:			
1. the rer	newed license will be	of the same type	for the san	ne premises now	licensed;	
2. the lice	ensee has complied v	with all laws of the	e Common	wealth relating to	taxes: and	
	emises are now open			_	, , , , , , , , , , , , , , , , , , , ,	
3. the pre	omises are now open	Tor business (If it	onplain (3010)		
SIGNED BY	Individual, Par	tner or Authorized	l Corporate	e Officer		
DATE:	TELEPH	ONE NUMBER:				TON NUMBER:
				(Note: NOT Ind	ividual Social S	ecurity Number)
Di Ci i Di			_			
Please Check Below: APPROVED:				OCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:	<u> </u>		E	By:		
(If disapproved ex			=			
(II disapproved ex	npium)					
			-			
DATE:			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 069000028		CITY OR TOWN	MENDON	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEA	.R
LICENSEE NAME	E: WILLOW BROOK R	ESTAURANT LI	.C		
DOING BUSINESS	S A WILLOW BROOK	RESTAURANT			
ADDRESS 16 HAS	STINGS				
CITY/TOWN: MI	ENDON	STATE: MA	ZIP CODE:	01756	
MANAGER: HA	CKENSON,STE TYPE	OF LICENSE: Res	staurant CA	ATEGORY: All	Alcohol
EMAIL ADDRESS	3:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMISES	S:			
NEW ONE STORY PRIOR TO FIRE 2	Y 7800 AQ, FT. RESTAU 004	JRANT,SERVICE	E BAR ONLY AB L	ICENCE EXISTE	ED
I hereby certify and	swear under penalties of	perjury that:			
	wed license will be of the	• •	•		
	nsee has complied with al		· ·	o taxes; and	
3. the prem	nises are now open for bu	siness (If not expla	ain below)		
SIGNED BY	Individual, Partner or	· Authorized Corne	vroto Officar		
	marviduai, i armer or	Authorized Corpe	rate Officer		
DATE:	TEL EDUONE		EMDI OVEE	R IDENTIFICATION N	HIMDED.
DITE.	TELEPHONE 1	NUMBER:		lividual Social Security	
Acts of 2004, sign	ed, attest that we are in ed by the building inspe d (2) the certificate of lic	ector and the head	l of the fire departi	ment for the abov	ve
Please Check Below:			LOCAL LICENS	SING AUTHORIT	Ϋ́
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	lain)				
DATE:					



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LICENSE NUMBER: 069000029	(CITY OR TOWN MENDON	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: MISS MENDON DO DOING BUSINESS A ADDRESS 16 UXBRIDGE RD	INER, INC		
CITY/TOWN: MENDON	STATE: MA	ZIP CODE: 01756	
MANAGER: CARDELLA, DANIETYPI L	E OF LICENSE: Resta	urant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEI DESCRIPTION OF LICENSED PREMISI	ES:	IL ADDRESS	_
DINER WITH 3 EXITS, SEATING FOR			
 the renewed license will be of the second sec	ne same type for the sa all laws of the Commo	nwealth relating to taxes; and	
SIGNED BY Individual, Partner of	or Authorized Corpora	te Officer	
DATE: TELEPHONE	ENUMBER:	EMPLOYER IDENTIFICA' (Note: NOT Individual Social S	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspirate and (2) the certificate of 1 of 2010.	pector and the head o	of the fire department for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069	9000030		CITY	OR TOW	N MENDO	N
APPLICATION FOR RE	NEWAL:	Annual		LICE	ENSED FOR 2	2013
		CLASS				YEAR
LICENSEE NAME: MI DOING BUSINESS A		INER II INC				
ADDRESS 20 UXBRIDO	GE RD					
CITY/TOWN: MENDO	N	STATE: N	MA Z	IP CODE:	01756	
MANAGER:	TYP	E OF LICENSE	:General o premise	n	CATEGORY	: All Alcohol
EMAIL ADDRESS:						
PLEAS	SE ALSO VISIT OUR WE	BSITE AND ENTER YO	OUR EMAIL AD	DRESS		
DESCRIPTION OF LICE	ENSED PREMIS	ES:				
LARGE COMMERCIAL	BLDG, 16 EXI	ΓS, 2 STORY V	VITH ELE	VATOR, 6	BATHROOM	IS
I hereby certify and swear	r under penalties	of perjury that:				
 the renewed li the licensee ha the premises a 	as complied with	all laws of the C	Commonwe	alth relating		
SIGNED BY	dividual, Partner	or Authorized C	Corporate C	Officer		
DATE:	TELEPHONI	E NUMBER:				ATION NUMBER: Security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010.	the building ins	pector and the	head of th	e fire depa	rtment for th	e above
Please Check Below:			LO	CAL LICE	NSING AUTH	HORITY
APPROVED:			By:			
DISAPPROVED:			·			
(If disapproved explain)						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 069000031		CITY OR TOWN	MENDON	
APPLICATION FOR RENEWAL:		Annual	Annual LICENSED FOR 2013		
		CLASS		YEAR	
DOING BUSINESS	BLACKSTONE V A THE HIDE-A-W		C		
ADDRESS 95 UXB	RIDGE ST				
CITY/TOWN: ME	NDON	STATE: MA	ZIP CODE:	01756	
MANAGER: MAI	RINO,DANIEL TYI	PE OF LICENSE: R	estaurant C	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	SES:			
	LSG.W/ICE CREAM AT PICNIC TABLE		G DRINKS INSIDE A	APPROX.20 SEATS	
I hereby certify and s	swear under penalties	of perjury that:			
1. the renew	ved license will be of	the same type for th	e same premises now	licensed;	
	see has complied with		_	to taxes; and	
3. the premi	ises are now open for	business (If not exp	lain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER:	
Acts of 2004, signed	d by the building in	spector and the he	nd of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
Please Check Below:			LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:	oin)				
(If disapproved expla	am)				
DATE:					



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LICENSE NUN	MBER: 069000032		CITY OR TOWN M	IENDON
APPLICATION	N FOR RENEWAL:	Annual	LICENSEI	O FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: MJM MCCART	HY GREENHOUSE, IN	C	
DOING BUSIN	NESS A THE GREENH	OUSE WOOD FIRED I	PUB	
ADDRESS 3 c	ape road			
CITY/TOWN:	MENDON	STATE: MA	ZIP CODE: 0	1756
MANAGER:	MCCARTHY, JOHNT	YPE OF LICENSE: Rest	aurant CATI	EGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	MISES:		
THE LEFT SII FURTHER DC KITCHEN WI	S AND A WAITRESS S' DE THAT GO OUTSID! DWN TAKE S YOU TO TH A LARGE EXIT FO G EXCEPT THE LOUN	E. ONE TAKES YOU D A PATH TO THE PAT OR DELEIVERIES. THE	DIRECTLY TO A PAT IO. OFF THE DINING TRE IS A FULL BASE	TIO, THE OTHER G ROOM IS THE EMENT UNDER
I hereby certify	and swear under penalti	ies of periury that:		
	renewed license will be		same premises now lice	ensed;
	licensee has complied wi			
3. the ₁	premises are now open f	or business (If not explain	in below)	
SIGNED BY				
	Individual, Partn	ner or Authorized Corpor	ate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
			(Note: NOT Individ	ual Social Security Number)
Acts of 2004,	rsigned, attest that we a signed by the building i e and (2) the certificate	inspector and the head	of the fire departmen	nt for the above
Please Check Belo	ow:		LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)			
DATE:				